

UNITED STATES DISTRICT COURT FOR THE
SOUTHERN DISTRICT OF NEW YORK

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JANE DOE and JOHN DOE,

Plaintiffs,

06 Civ. 03761 (GEL)

- against -

JAMIE DEL RIO, individually and as officer;
VINCENT KONG, individually and as officer;
STEVEN BOBBETT, individually and as officer;
SCOTT BRADY, individually and as sergeant;
RAYMOND KELLY, individually and as Commissioner
of the New York City Police Department; and
CITY OF NEW YORK,

DECLARATION

Defendants.
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CAROLYN A. KUBITSCHKEK, hereby declares under penalty of perjury that the
following is true and correct:

1. I am a member of the law firm of Lansner & Kubitschek, attorneys for
plaintiffs in the above-entitled action.
2. I make this declaration in support of plaintiffs' opposition to defendant
City of New York and Raymond Kelly's motion pursuant to Fed.R.Civ.P. 10(a) and 17(a) to
replace the names of the Doe plaintiffs in the caption with plaintiffs' actual names.
3. Attached as Exhibit 1 to this Declaration is a true and correct copy of a
letter from Dorrine J. Veca, LCSW-R, dated October 3, 2006.

I declare under penalty of perjury that the foregoing is true and correct. Signed
October 5, 2006.



Carolyn A. Kubitschek

EXHIBIT 1

Dorrine J. Veca, LCSW-R
42 Broadway, Suite 1530
New York, NY 10004
(718) 832-7675

October 3, 2006

Re: [REDACTED] "Jane Doe"
D. O. B.: May 23, 1979

To whom it may concern:

I am a Licensed Clinical Social Worker in the State of New York, currently working in the private practice of psychotherapy in lower Manhattan. I also hold the position of Adjunct Faculty in the Field Education Department of the Columbia University School of Social Work.

I received a Master of Science (MS) degree from the Columbia University School of Social Work and hold a Masters Degree in Public Health (MPH) from the Columbia University School of Public Health. I completed a postgraduate training program in Advanced Clinical Social Work at the New York University.

I have completed training working with survivors of trauma and individuals who have suffered traumatic losses of their family members. Both were conducted under the auspices of the Mental Health Association of New York City. As a volunteer for the Human Rights Clinic of Doctors of the World, I have participated in specialized training in the assessment of psychological sequelae of victims of physical and emotional trauma.

In the course of my work as a psychotherapist, I have specialized in women's issues. In this capacity, I have seen many women who have experienced sexual and physical abuse at various points in the life cycle. Currently, I work mostly with clients suffering from anxiety and depressive disorders.

On August 3, 2006, I had a consultation with [REDACTED] I write this letter in support of any consideration that her current lawsuit remains anonymous.

Ms. [REDACTED] was known to me as a client from March 1, 2005 through June 14, 2005. During that time, I treated Ms. [REDACTED] for Post-traumatic Stress Disorder (PTSD) and depression. She was referred to me by her physician for evaluation of anxiety related to an incident that had occurred approximately ten days prior to our first meeting. At the time of referral, her doctor had prescribed medication for anxiety and, later in the course of treatment, for depression.

[REDACTED] reported that she witnessed her husband being beaten by undercover police officers. Her husband was arrested and taken to a police station, where he was held

overnight. Ms. [REDACTED] found her own way to the police station. She was taken home by a police officer, who, according to Ms. [REDACTED], sexually assaulted her.

During the period of her treatment with me, Ms. [REDACTED] often complained of being frightened, increasingly irritable and of being unable to eat. In addition, she suffered from an inability to sleep, waking during the night fearful that someone had entered her apartment. She reported recurring nightmares involving policemen. She experienced sensitivity to noise, finding even routine conversation bothersome. She had a fear of sudden, loud noises. Ms. [REDACTED] was frightened riding subways and, in some cases, got off the train before her destination, because she said she was afraid of other riders. She began to isolate herself, preferring not to go out, particularly at night. On one occasion, Ms. [REDACTED] reported that she just wanted to "move home with my mother." At the time, just prior to meeting with an attorney involved in the case, Ms. [REDACTED] experienced a panic reaction, consisting of difficulty breathing and rapid heart rate. She stated that she "feared retaliation" if she were to press charges. She expressed fear of dying. The above symptoms are congruent with those delineated in the American Psychological Association's Diagnostic and Statistical Manual (DSM-IV) for Post-traumatic Stress Disorder.

During our most recent consultation on August 3, 2006, Ms. [REDACTED] reported that she had moved from her former address, had passed her bar exam and had a new job that she enjoyed. However, she expressed worry that she might be "slipping." She recently had some dreams in which someone was waving a gun at her and her family, shooting indiscriminately, ultimately shooting and killing a dog. She had again become fearful of a subway passenger and got off the train before her stop. She reported a frightening image in which her husband was kidnapped while jogging. One Sunday morning, when her doorbell rang, she thought her new address had been discovered and she feared retaliation from a police officer.

It is my professional opinion that Ms. [REDACTED] suffered PTSD, with depression. Her recurring nightmares, irritability, decreased appetite, intrusive thoughts, fear of dying, sensitivity to loud noises and tendency to isolate herself are consistent with someone who has sustained a psychological trauma. Whatever events that unfolded on the night in question strongly and negatively impacted Ms. [REDACTED].

A troubling and consistent aspect of PTSD is that it can be retriggered if the individual is re-exposed to the perceived threat. (For example, a combat veteran reacting to a sudden, loud outburst of noise as if in combat again.) In Ms. [REDACTED] case, it appears very likely, given her high degree of fear and reactivity, that, should her case no longer remain anonymous, and therefore her identity be disclosed, she will suffer a recurrence of PTSD along with depression.

In closing, I respectfully support any request that Ms. [REDACTED]'s lawsuit remain anonymous. I am willing to answer any additional questions or further explain my clinical findings.

Sincerely,

Dorrine J Veca LCSWR

Dorrine J. Veca, LCSW-R